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STRICTURE OF THE RECTUM.

BY ALANSON ABBE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. C. R. D., aged 24, the mother of one child, 3 years of age, has for many years been afflicted with obstinate and unyielding costiveness, attended with hæmorrhoids unusually painful and distressing. Her bowels were evacuated, usually, once in eight or ten days, and only by the aid of cathartics. Her general health was much impaired; there were daily paroxysms of severe pain in the head, giddiness, pain in the loins and anus; she was excessively irritable, though her appetite and digestive organs were uniformly good.

April, 1856.—I was called to see her. On examination, I found five large hæmorrhoids on the verge of the anus, from which, apparently, issued a constant discharge of pus. The hæmorrhoids were removed by ligature, with no unusual symptoms, and healed kindly and well, yet the discharge continued undiminished. On examination per rectum, I discovered a stricture of the rectum, about two and a half inches from the sphincter ani, the diameter of which, under force, did not exceed one fourth of an inch. Pus oozed constantly through this orifice. I was wholly unable to ascertain the condition of the intestine above the stricture. On reflection, I concluded to dilate the stricture, instead of dividing or cauterizing it, and for this purpose obtained of Dr. Codman seven conical tents, made of the bark of slippery elm, as recommended by Dr. Storer.

May 5th.—Introduced an elm tent into the stricture, letting it rest on the inner surface of the sphincter ani, and secured it by a T bandage, a compress of cotton resting upon the anus.

May 6th.—Early in the morning the tent was discharged, with a small portion of fæcal matter. At 11, A. M., another tent of larger size was introduced in the same manner, and secured as before.

7th.—The tent came away this morning, followed by a moderate discharge of fæces. I introduced another tent of still larger size, and secured it in like manner as the others.

8th.—The discharge of the tent passed this morning as the others had done, with very little fæcal matter, but a large discharge of pus. Directed an enema of mucilage gum acacia, and the comp. inf. senna, ʒ iv.

9th.—On examination of the condition of the stricture, found it enlarged sufficiently to admit my fore finger, with some force, to the first joint. Introduced the fourth tent, the largest diameter of which was about an inch. While introducing it, felt the stricture suddenly give way, presenting no further resistance. This instant yielding of the stricture produced a temporary faintness of the patient, which passed off in three or four minutes.

10th.—Very early this morning, the disposition to use the stool became so urgent, that she was compelled to remove the bandage and let the tent pass, and with it came a free and copious discharge of fæces and pus. On examination, found the stricture nearly overcome. Above it, as far as the finger could reach, the intestine was indurated, granulated and ulcerated. The discharge of pus was evidently from this source, occasioned by retention of fæces above the stricture.

19th.—Patient reports herself well; has a free and easy discharge from her bowels, daily. She discovers no signs of purulent matter in her evacuations, or on her linen.

May, 1856.

CASE OF VOMITING DURING PREGNANCY—INDUCTION OF PREMTURE LABOR.

[Communicated for the Boston Medical and Surgical Journal]

Messrs. Editors,—Should the following case, which occurred in my practice, seem worthy of insertion in the Journal, it is at your service.

Monday, Sept. 17th, 1855, was called to visit Mrs. P. Found her suffering from almost constant nausea and frequent vomiting, which commenced somewhat suddenly two weeks previously. Upon inquiry, I found that she was probably about eight weeks advanced in her first pregnancy. She had been married nine months —was 34 years of age. Temperament nervous, stature tall, frame slim and spare. Has generally enjoyed good health.

The nausea commenced immediately after walking an unusual distance and getting very much fatigued, and continued until I saw her, at which time it was nearly unremitting, and there was vomiting whenever anything was swallowed. Her tongue was considerably coated, of a brown color and soft and velvety to the touch. Pulse from 80 to 90, and not strong. Her appetite was remarkably good.

Viewing it as a case of uterine irritation acting sympathetically upon the stomach, the treatment pursued consisted externally of counter-irritation and anodyne applications; and internally of various

salines, including effervescing powders, anti-emetics, opiates, creosote, &c. As but little food of any kind could be retained on the stomach, and as she was already suffering for the want of nourishment, the use of beef-tea injections was early resorted to, with the hope thereby to sustain her, till she could be relieved by medicine, or by the progress of gestation. The remedies were applied faithfully and unceasingly, but in spite of our best endeavors she grew worse, her strength failing daily, and emaciation making fearful progress. The fluid ejected by vomiting, was at first glairy and whitish, but soon changed and was more of a bilious character.

Our patient continued in this way for nearly three weeks, when, to increase the danger, evident symptoms of approaching gastritis manifested themselves, thus making the case look still more hopeless.

At this time it was thought advisable to have counsel before taking any different step as to treatment. Accordingly, Dr. Allen, of Lowell, was sent for; and on Thursday, Oct. 4th, after a very careful examination into the patient's condition and the history of the case, he advised, at once, the induction of premature labor. In this I fully concurred, for it seemed that this step—whatever the risk might be—was not only fully justifiable, but absolutely necessary in order to afford the patient any reasonable chance of recovery; for she was rapidly sinking, and could not, we were confident, hold out much longer. She fully acquiesced in our decision, as did also her husband and friends. Accordingly, on Saturday morning, the 6th, we met and decided to use an instrument first, and other means afterwards if necessary. The instrument selected for our purpose was an imitation of the male catheter (silver), which was introduced by Dr. A. and worked slowly through the *os uteri* into the uterus, till about two inches of the catheter were carried through the *os*. This was done with scarcely any complaint of pain, and without drawing *one drop of blood*. Then with a syringe, connected with an elastic tube, we forced into the uterus two ounces or more of warm water; and at 11 o'clock, A. M., left our patient as comfortable, apparently, as before.

At 6 o'clock I visited her, but found no change, except an increase of vomiting. At 8 o'clock, on the 7th, I visited her again. She had had, during the night, a considerable discharge of water from the vagina, and some pain in the pelvic region; otherwise no change. At 1 o'clock, A. M., of the 8th, I was called, and found my patient suffering severely from distress in the gastric region, and much more from vomiting, than she had done for days. I prescribed for these symptoms, and then again injected about four ounces of warm water into the uterus, and left her more comfortable. Called at 9 o'clock, and found she had experienced slight uterine pains. Vomiting a little abated. Called again at 8, P. M., and found her suffering much from vomiting, general uneasiness and languor, but no increase of uterine pains. Again used injection of warm water into the uterus, which was shortly discharged, and very

soon regular contractions of the uterus commenced, and her pains continued, very forcible and sharp, until about 7, A. M., of the 9th—being three days after the operation—when the fœtus was expelled.

The nausea and vomiting then gradually subsided, her pain abated, and she continued very comfortable till the evening of the 11th, when her pains commenced again, and, on the morning of the 12th, the membranes and portions of clotted blood came away. For a day or two, she had severe after-pains, but no return of nausea or vomiting. She had an excellent appetite, and has rapidly regained her former health and strength; so much so, that in six weeks she was able to attend to her ordinary duties, and to visit her friends.

The points worthy of notice in this case are, the severe and obstinate character of the attack; the apparently hopeless condition of the patient if left to complete her period of gestation; the facility with which premature labor was induced, and the complete success and prompt relief afforded by interference.

Littleton, Mass., May 17, 1856. E. S. Durgin, M.D.

PROBABLE FRACTURE OF BASE OF SKULL FROM A FALL.

BY ABRAHAM LIVEZEY, A.M., M.D., LUMBERVILLE, PENN.

[Communicated for the Boston Medical and Surgical Journal.]

W. C. B., a farmer, æt. 22, of good habits and constitution, with a fair development of the muscular system, while engaged in painting a drip-board extending across the gable end of a barn, from a ladder, at the height of 30 feet, on the 8th of April, 11½ o'clock, A.M., was suddenly precipitated headlong, by the breaking of the ladder, upon a hard knoll of ground; the base of the right parietal bone receiving the shock or force of the fall. He was carried into his father's house, senseless, with a slight epistaxis, and rather a profuse hemorrhage from the right ear.

In less than an hour Dr. Foulke and myself saw him. He was in a muttering, restless, unconscious state, with a dull, vacant look, blood constantly oozing from the ear—none now from the anterior nares—skin cold, pallid; pulse slow, feeble and intermittent; no paralysis. We immediately resorted to stimulants internally (which were resisted and swallowed with some apparent difficulty), and externally to friction, sinapisms, &c. After the lapse of five hours, we obtained a slight reaction—sufficient, in the opinion of Dr. F., to warrant a tentative bleeding from the arm—though, in fact, an *anceps remedium*;* and we took six or eight ounces, the pulse not warranting more. An equal amount, we supposed, had been lost by the ear at this time. Twice, during the afternoon, he vomited several ounces of blood. Stimulating and purgative enemata were also resorted to, during the first twelve hours.

* Decidedly.—Eds.

On the next day, at 6 o'clock, P. M., he was seen with us by Dr. Neill, Professor of Surgery in the Pennsylvania College of Medicine, whose opinion of the case accorded with ours, previously given, that there was evidently a fracture of the base of the cranium, extending through the petrous portion of the temporal bone; with, probably, a laceration of the substance of the brain. Bladders filled with pounded ice had been applied to his head, more or less constantly, from the beginning, and were continued for two weeks, as indicated and as the circumstances of the case would permit. Purgation, by means of calomel, was now resorted to, and grain doses of the same continued every two hours, for a few days, until the evacuations were strikingly characteristic of the action of this mineral. No salivation ensued. The hair was cut close all over his head, and shaved from ear to ear beneath the semicircular ridge of the occipital bone, for the application of cups and leeches, which were occasionally used. The pulse continued about 50 for some days—then 60 to 65; towards the end of the second week, it varied from 60 to 108 in the twenty-four hours, for two days—at which time the prognosis was grave—but then settled down to 75 or 80. The calomel was followed by the hydrarg. biniod. dissolved in a solution of the potass. iodid., and finally the idodide alone was given for some days. His bladder and rectum were evacuated unconsciously for about a week; after which, from certain manifestations, he was generally placed upon the stool in time. The sinapisms applied to the ankles on the first day, produced, by the end of a week, serious ulcers with profuse discharges. A large inflammatory abscess formed near the patella of the left leg, and discharged freely on the fifteenth day after the accident; another, on the inside of the right thigh, opened a few days after—at which time he was fully sensible of his condition and sufferings when dressings were applied.

But let me revert to the case at the time of the accident, and trace his gradual return to consciousness; and in so doing, the case will present some points of interest to the phrenologist and to the physician believing in a plurality of organs in the brain. I believe "mother" was the only distinct word uttered by the patient for several hours; the next day, "Sam" (a negro whom he was last with), and the word "whoa," used to check horses, were frequently used; which, together with "gid up," "get along," &c., whilst quiet, and the words "I want," "won't you," "do let," when striving to get up, or out of bed, constituted the chief that was said for three days. He labored for a week or more under the delusion of driving horses. He slept about one third of the time for the first few days. When wakeful, it required three persons to keep him in bed; the restraint, however, did not appear to irritate him at all, until after the lapse of a week, when he became furious (excited combativeness?), would strike his attendants, spit in their faces, and use profane language, which he was never heard to use before. A little later, when restrained, he would look very pitiful and cry.

But I anticipate; after the first few days, he was good-natured, showed a happy disposition, would lie quiet, look about, would spell short words, pronounce the Christian name of a few of his friends, utter the words "go along," and commence whistling or humming a tune, very loudly—a habit he was not much addicted to. This state continued three or four days. Next alternating with this, the organ of destructiveness was excited. He became violent, maniacal, would break his drinking-vessels and anything he could get hold of. Then combativeness seemed to rule, and he would fight, bite, and deal unlucky blows to his attendants when off their guard. At other times he was all love and affection—kissing every person's hand, and not infrequently would throw his arms around the necks of individuals and caress and kiss them. Then perhaps *cunning* would be the more prominent trait for a time.

Thus passed two weeks and two days, without his apparently knowing a single individual, or calling any one by name—and without heeding a single direct question. The sense of feeling was pretty acute after the first eighteen hours; he was sensitive to the touch and to handling, and would often cry out "*ouch*," particularly when the mustard-blistered surfaces were touched or dressed. The sense of taste was apparently quite defective for a week or more, for he would drink nauseous liquids, oil, or other medicines, alike with water, gruel, or panada. After this time he would eject nauseous medicines with force over his bed or his attendants, indifferently. At the end of a week or ten days, he manifested a great desire for drinks, ice, &c., first noticing drinking vessels, and demanding them thus: "what's that," let's have it," "bring me some of that," &c., thus expressing his wants, without calling anything by name. He mentioned water only a few times. Names of things or persons were the last to come back to his recollection; and among the first were "a smoke," "tobac," &c., for which he manifested a great desire, though not much addicted to the habit. I should also state, that *alimentiveness*, or desire for food, was very great after the second week—he begged everybody to give him something "nice" to eat.

At the end of two weeks and three days, he was decidedly convalescent—was sitting up, warming his feet by a stove; would ask for things, take some interest in books, watches, gold chains, &c. Although he called no persons by name, yet it was evident that he knew them, from the questions he asked them about their business, occupations, &c. He was much concerned about his mother, who at this time was dangerously ill. He rode a distance of nearly half a mile on the twentieth day after his injury, to witness the interment of his mother, who died suddenly, and during the funeral ceremony he was, at times, quite affected. From this time his improvement was rapid.

TREATMENT OF RIGIDITY OF THE OS UTERI.

[Communicated for the Boston Med. and Surg. Journal.]

I READ an interesting article in your Journal of May 15th, relating to the use of lobelia and antimony in rigidity of the os uteri and perinæum. It occurred to me that the doses were truly "heroic." For the past eight years, I have used, principally, two agents for accomplishing the same object, viz., opium and antimony, with entire success, where the os uteri was rigid or not dilatable, after waiting a reasonable time, and preceded by a cup of strong catnip tea, repeated a few times at intervals of half an hour.

The manner of using the antimony is as follows: R. Ant. tart., one half a grain; water, one ounce; mix. Give a teaspoonful every fifteen minutes until nausea occurs, or sweating, or relaxation of the os. Usually all these events follow in rapid succession, after using from three to five doses. In robust subjects, the antimony is preferred; otherwise the opium in some of its forms, though the latter is not so speedy in its action.

Perhaps in obstinate cases, like those in the article referred to, this treatment might not avail. But so long as half a grain of antimony answers my purpose, and four and a half grains can be *saved*, I shall probably continue my present plan, reserving heroic treatment for formidable cases. IRA PERRY.

West Medway, Mass., May 27th, 1856.

OPHTHALMIA IN THE BUFFALO ALMS-HOUSE.

BY JAMES B. COLEGROVE, M.D., BUFFALO, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

No disease is, or ever has been, so continually present in our County Alms-House, as ophthalmia. During the year ending Oct. 1, 1855, I had recorded 121 cases. It was mostly confined to children, of whom there were from 80 to 90 in the Asylum. Out of the whole number of cases, not more than thirty occurred in adults. It was generally either chronic or purulent. The first was specific inflammation of the sclerotica, which, although very severe, seldom, if ever, degenerated into the purulent. The second, by far the severest, most painful, and calamitous, was nevertheless the least obdurate, of easier treatment, and of less duration, than the first.

A few cases of gonorrhœal ophthalmia were admitted during the year. This form of the disease, so far as my observation goes, differs only from purulent ophthalmia in the degree of its severity. Cases contracted from this form, do not differ in the slightest from the ordinary purulent or Egyptian ophthalmia.

I believe that in nearly all large charity institutions, where children are congregated together, this malady is likely to occur. It has never been permanently eradicated from the Buffalo Alms-House,

and I do not believe it ever can be. In fact, the largest part of the children admitted there, are those whose habits and modes of life, previous to their entrance, are such as to predispose them in an eminent degree to the ravages of that disease.

On the 1st October, 1854, when I assumed the position of House Physician, there were 30 cases under treatment, all confined to infants and children under 12 years of age. During the summer previous, cholera had swept away nearly a hundred victims, and less attention had been paid to the ophthalmic patients than otherwise would have been. These 30 cases were scattered over the entire building. Twelve of them were affected with other diseases—measles, or scabies, or both. I immediately resolved upon an entire work of renovation, to accomplish which I required two things: 1, Faithful nursing; 2, Improved diet. The ophthalmic patients were separated from those having other diseases. A faithful matron was employed to take care of them. All children having ophthalmia were placed in a large ward together, and all connection with other children was peremptorily forbidden. The diet of the children was improved by the free use of vegetables. By these means, and the medical treatment which they received, the number of patients was reduced to five on the 1st day of February; and on the 1st of July following, there was not a case in the house—an event which had not occurred before since the construction of the alms-house. Subsequently the disease was confined mostly to the new cases which were admitted from the city.

Before alluding particularly to the plan of treatment pursued, I wish to introduce the history of a single case, which was of the greatest interest to me, as exhibiting the result of purulent ophthalmia when left to take its own course without any treatment whatever.

On the 20th of October, I was myself seized with measles, and obliged, therefore, to keep my bed for the space of twenty days. It was during my illness that Mary Beringer, a German woman, aged 30, contracted purulent ophthalmia, from sleeping with an Irish woman, who had been admitted with gonorrhœal ophthalmia a day or two previous to my attack. By mistake, she was not seen more than once or twice by a physician during my illness. The disease was consequently left to take its own course, without restraint. At the end of twenty days, the condition of the two eyes was as follows: *Right eye.*—It appears that while the inflammation was at its height, or during its active stage, the cornea burst, so that the aqueous humor escaped. Now the iris protrudes, and its rough, ragged edges are scarcely covered by the lids when the eye is closed. It is in a hopeless condition. *Left eye.*—The cornea is white and opaque; it has nearly the natural appearance of the sclerotica. It is needless to add, that the poor woman is hopelessly blind.

In the main, the plan of treatment which I adopted was as follows. When it was discovered that the patient was about to be, or

was already, affected with purulent ophthalmia, a pill of blue mass, from four to ten grains, according to the age of the patient, was administered. If the purulent discharge had commenced, direct application of the stick of nitrate of silver was made to the external surface of the upper and lower lids. The application was thorough, and in nine cases out of ten this treatment was followed by an improvement in the condition of the eyes. The diet was confined to farina or mucilage of arrow root, or weak rice soup.

Dr. Watson, I believe, mentions *blood-letting* as the first remedy to be resorted to. I confess I cannot appreciate the value of this remedy, for I have never made use of it; I mean *general* blood-letting. In chronic ophthalmia, when the inflammation was confined to the sclerotica, with no puriform discharge, I have often used local depletion with very decided benefit. The reasons for this are obvious—the condition and habits of the patients forbade thorough resort to the lancet. More was accomplished by the application of powerful astringents, and low diet, than by any other mode of treatment.

Collyria.—I used arg. nitras, acet. plumbi, sulphate zinc, &c. &c. I prefer the nitrate of silver.

I have made these general remarks as applicable to a large number of cases, and do not propose to go into details of any particular case. I annex a tabular statement, which may be of some interest to your readers.

Age.	Infants.	3 to 5	5 to 8	8 to 10	10 to 12	Adults.	Total.
Both eyes lost,			2*			1†	3
One eye lost,			1*			1‡	2
Ulcerated cornea,	3	8	5	3	2		21
Opacity of cornea,	1	1	8	4	1	1	16
Vision perfect,	18	9	21	11	19	1	79
Total,	22	18	37	18	22	4	121

* Treated at Hospital of the Sisters of Charity. All ophthalmic patients were removed to the Hospital at the time of the destruction of the Alms-House by fire.

† This case received no treatment.

‡ This was a case of gonorrhœal ophthalmia.

Antidote to Strychnia.—M. Guiboust lately stated to the Academy of Medicine, that having observed a dog in violent convulsions, in consequence of eating one of the compound balls containing strychnia, he forcibly made it swallow powdered gall-nuts, when the convulsions ceased immediately. Ipecacuanha was then given to the animal, but the latter could not vomit. The next day milk was given to it and manna, after which the dog recovered. M. Caventon said that the infusion of galls was a very effectual opponent to vomiting, and that he had observed it destroy the power of tartar emetic. M. Orfila had already advised the administration of this infusion, in cases of poisoning by opium and salts of morphia.—*Bulletin Univers.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION, BY W. O. BROWN, M.D., SECRETARY.

Dr. Ely exhibited three specimens of *abnormities of the kidneys and urinary passages*, and presented the following account of them.

Harriet H., aged 56; American; white; single, and for several years insane. First seen, ten days before death. Diagnosis, consumption. *Post-mortem*, March 19, 1855—29 hours after death. Marks of commencing decomposition upon the abdomen.

Head.—Dura mater very strongly adherent to skull; all the membranes very much thickened. A mass of recent lymph was effused in the cavity of the arachnoid upon the upper surface of the hemispheres, three inches in diameter. Upon the arachnoid were deposited what appeared to be grey tubercles. There was a large quantity of sub-arachnoidean fluid. The brain substance was indurated.

Chest.—The right lung was bound down by old adhesions; the left lung free, but did not collapse upon opening the chest. Both lungs, throughout their whole extent, were studded with yellow tubercles; a few masses had begun to soften. The lung substance, between the tubercular masses in the posterior portion, was inflamed, and easily broke down upon slight pressure. Heart small; valves healthy; the muscular fibres appeared to have undergone fatty degeneration, being of a yellowish-brown color. Walls of the heart loaded with fat.

Abdomen.—Liver large, pale and fatty. Spleen large and friable. Nothing worthy of remark in the intestines till within six inches of the ileo-cœcal valve. Here an inch in length of the ileum was filled with tubercles, involving all its coats. The vessels leading to this part were congested. The cœcum, colon and ileum near the valve, and the descending colon from its commencement downward for four inches, presented the same diseased condition. The coats of this part of the colon were so nearly destroyed, that the gentlest manipulation, in removing the left kidney, ruptured them. The mesenteric glands were filled with tubercle. The left kidney was partially degenerated. Upon drawing up the right kidney and separating its attachments, a large duct, resembling an intestine, was cut across. Upon tracing this down, it was found to run along beside the ureter, embedded in the same cellular tissue. In order more minutely to examine this duct, the bladder, vagina, uterus, and their appendages, were removed together. This duct was about one third longer than the proper ureter, and as it lay embedded in the cellular tissue, it was curved and convoluted like the small intestine. Its size varied from less than half, to more than an inch, in diameter. At its attachment at the superior portion of the kidney, there was a large dilatation, like the pelvis of a kidney; its calibre then decreased to half an inch, for six inches nearly, and again increased to more than an inch, for about eight inches, and then decreased to about a third of an inch, which size it retained to its outlet. It accompanied the proper ureter to the bladder, and then passed a little to the right of the median line, between the bladder and commencement of the urethra above, and the vagina below, connected to each by dense fibrous tissue. Within an inch of the meatus urinarius it opened by a slit or narrowed orifice, which would admit the point of a very small probe, into what appeared like a separate urethra, which urethra opened into the vulva just beneath the proper meatus, by a

very small opening, of the size of a pin's head. This secondary urethra was separated from the proper urethra by a very thin and delicate membrane, but there was a slit in this partition, extending from opposite the orifice of the duct to the neck of the bladder. The slit was about half an inch in length. The duct contained a fluid that looked and smelt like urine. The parietes of the duct were much thicker than the walls of the proper ureter. Its upper extremity was attached to what appeared condensed and atrophied kidney-tissue, and there was no distinct line of separation visible between it and the healthy kidney substance, after cutting through the capsule. The duct had no communication with the proper pelvis of the kidney; but the walls of the two pelves were connected by cellular tissue.

In the anterior wall of the uterus was a small pedunculated fibrous tumor. Two small polypi projected from the os uteri, which were attached three fourths of an inch from the os. The hymen was unbroken, thick and tough. Two phlebolites were found in the plexus of veins upon the right side of the vagina, and three upon the left.

This case is interesting in many respects, but especially as an instance of a kidney possessing two distinct pelves, ureters and urethras—the ureter of the upper portion of the kidney not opening into the bladder at all, but directly into its own urethra. In this last respect I have not seen any case like it reported. In the *London Lancet* for 1853 (Aug. No. of the Reprint, page 143), Mr. Henry Thompson gives an instance of a kidney with double pelvis and ureter; but the ureters, six inches from the gland, unite and form one ureter of normal size, which enters the bladder at the usual place.

Rokitansky, in his *Pathological Anatomy* (Vol. II., p. 211, English Ed.), makes the following remarks on this point: "They [the ureters] generally coalesce in the neighborhood of the bladder, or within its coat, so as to form a single channel, which communicates with the cavity of the bladder by a single mouth; they rarely open by separate orifices placed behind one another at one side of the trigonum Lieutaudi."

The dilatation of the superior ureter to the size of the small intestine, and the hypertrophy of its walls, were caused by accumulation of urine, which resulted from the narrowed outlet of the ureter into its urethra, and also the very minute meatus of the urethra itself. These same obstacles to the free discharge of urine also caused the condensed and atrophied condition of the portion of the kidney connected with this ureter. Upon dilatation of the urinary passages, and atrophy of the kidney substance from this cause, Rokitansky (*Pathological Academy*, Vol. II., p. 212–13, English Ed.) has some very valuable and instructive remarks; but they are too long to quote here.

Hydrops Renalis.—As an illustration of the effect of obstruction to the free discharge of urine, Dr. ELY exhibited a kidney taken from an aged female, who died at the Dexter Asylum. This kidney was about four inches long, and one and three fourths broad, and the atrophied renal substance varied from less than a line to three lines in thickness; it was dense and tough. Its interior, together with the dilated pelvis, formed a large membranous sac. The portion contained within the attenuated kidney was divided into large cells—the expanded calices. This sac was filled with a straw-colored fluid. About five inches of the upper portion of the ureter was dilated, and it then became very much constricted.

Horse-shoe Kidney.—This specimen was removed from the body of James T., aged 68; sailor; American; colored, and married. This patient had

for a long time suffered from chronic rheumatism; but the immediate cause of death was pleuro-pneumonia.

Post mortem, March 16th, 1851. There was nothing worthy of special note in this case, except the abnormal conformation of the kidneys. They were placed lower in the abdominal cavity than usual, and their inferior portions were connected by a bridge of kidney tissue, which crossed the vertebral column. This bridge was one and a half inches in length, one and a quarter in breadth, and three quarters of an inch in thickness. It received a large artery directly from the aorta, which within half an inch of the aorta divided into two branches, the right branch entering at the middle of the right half of the bridge, and the left branch dividing again into three branches more—one entering the left half of the bridge, and two the lower portion of the left kidney. The right kidney was about four inches long, one and a half broad, and one and a quarter thick. The left was five inches long, one and three quarters broad, and three fourths of an inch thick. The hilus of the left kidney was situated on the anterior surface of the kidney—that of the right was thrown a little forwards by an increased development of the posterior lip of the hilus.

Not only the pelvis, but the infundibula and a large part of the calices, were exterior to the kidney, and the latter were very irregular in their distribution. Each kidney had the usual renal artery and vein.

Bibliographical Notices.

The True Mission of the Physician. An Address, delivered at the Commencement of the Western Reserve Medical College, Cleveland, Feb. 29th, 1856. By Rev. J. B. Bittinger. Cleveland, Ohio: Cowles, Pinkerton & Co., Printers. 1856. Pp. 15.

With very many of the sentiments and ideas of this Address we can most cordially agree; it opens very smoothly and says many truthful things in a pleasant way. While we doubt the wisdom of selecting a clergyman to address a class of medical graduates, and mainly because we believe that one of their teachers could much better instruct them in the important duties they are about to assume, we willingly admit that a general discourse from a clerical friend may give them many useful hints; but that some other epoch of their professional course would have been far more appropriate, must be evident. We trust that we shall be pardoned for saying that Prof. John Delamater would have been much better employed as orator than as a "committee" appointed by the class to solicit the publication of Rev. Mr. B.'s address.

On a few points of this generally good production we are somewhat at issue with the writer, and more particularly so, because it is really very important what notions are instilled into young men just as they are fledged for a flight of no ordinary moment. "*The first duty of the physician is to heal*," says Mr. Bittinger; not exactly—his first duty is *to find out what ails his patient*. It is true that if pain be excessive, he should strive to annul or moderate it before he attempts an elaborate diagnosis—but an unpractised hand, especially, must be cautious, and it is a "first duty" *to know* what it is about to do. "Our world is, at best, but a poor one." (P. 5.) We think it a very good one, but that the people are rather "hard characters." "What

we want of the physician is that he should cure"—rather, that he should allow Nature to "cure" and assist her when she falters—young doctors should not believe too strongly that *they* can *cure*, but they may conscientiously believe that they can aid a *recovery*. "To seek out the healing potion and bear it to these sufferers is the physician's first duty. If he cannot do this, he is not wanted in a sick world. If the secret anodyne, or antidote, is not in his possession, and he cannot find them, the world has no need of him. He had better take himself away, with all his nostrums. His charlatan presence adds ten degrees to our already burning fever, and only mocks our madness into a yet wilder fury." This is somewhat in the "*high-falutin*" strain, occasionally indulged in at the West, and particularly out of place in such an address. We are happy to know, however, when the physician is and is not "wanted," but dissent from the writer in his judgment; a physician *is* wanted (and it is a pity the community cannot more clearly understand it), in many cases where drugs and anodynes and antidotes cannot be found or may not be required. A "true physician" is a sentinel, not a pill-driver or potion-giver. "We will be excused for saying that physicians, like legislators, do more at cure, than at prevention." (P. 7.) Very likely, because that is their more urgent duty; but can any one, who has his eyes open, ignore the extended and disinterested efforts of the profession, everywhere, at hygienic advancement and sanitary reform? Moreover, far more, in our day, is done by physicians, in their daily rounds of practice, to ward off disease, by cautions and warnings to friends and families under their care, than most persons are aware of.

We fully endorse all that is said in favor of hygiene, cleanliness, &c., and believe with Mr. B. that "it is the duty of physicians to tell men" that "most people kill themselves." Self-medication, so widely practised in our land, is, in many instances, only a slow mode of self-destruction; and well may it be said of each deluded victim—

"Alas! who knows thy woes, poor suicide?"

The Address closes with a few words to the "*young ladies* and gentlemen of the graduating class," in the form of "prescriptions," as the writer says. Formula No. 1 is the well-known "Homo sum, humani nihil a me alienum puto." This must, of course, be varied a little for the use of the "young *ladies*"—thus, perhaps; *Quasi* femina sum, nil humani, &c. Formula No. 2: "Vir probus medendi peritus"—Mulier audax, ad medendum non idonea.

Surgical Cases. By Wm. H. Mussey, M.D. [From the Cincinnati Medical Observer.] Pp. 4.

Three interesting cases: one of Polypi of the Larynx; two of Foreign Bodies in the Air-passages; well detailed. In two of the patients, an operation was done by Dr. M. In the first, croupy symptoms called attention to the child; difficult respiration; contraction of the chest, apparently from collapse of the lungs; emaciation; lividity of countenance, and whispering voice were subsequently persistent. Chronic inflammation was supposed, with possibly a morbid growth in the larynx. External irritants, and iodide of potassium internally, were followed by some relief, but a violent paroxysm of dyspnœa at last rendered the case so alarming that laryngo-tracheotomy was performed; several small polypi were found to exist in the lower portion of the larynx, which, however, Dr. Mussey very judiciously, as we think, did not then remove, fearing the effect of any further operation upon the patient at the time. Four weeks afterwards, "eight pearly-white, spherical, gelatini-

form polypi were removed by forceps, their points of origin being cauterized with nitrate of silver. The tumors were invested by a thin, but firm, fibrous membrane.

During the second operation, *chloroform* was administered to the patient through a piece of caoutchouc tube introduced into the canula. "*Three* inspirations were sufficient to quiet the child," and the operation was commenced after three or four more.

The canula remained thirty-two days in the trachea; a fleshy growth, found upon its posterior and lateral surfaces, and "continuous with the edges of the wound"—and in some places being "an inch in extent,"—was removed, and the edges cauterized. In six weeks the patient was in "perfect health;" no difficulty in breathing. The wound had healed in twenty days, the canula having remained in it three days after the second operation.

The second case is that of a little girl 4 years old. A water-melon seed was ejected through the wound of tracheotomy. The use of snuff to the Schneiderian membrane, while the patient was returning to consciousness after chloroformization, was unsuccessful in effecting action (solicited in the hope of ejection of the foreign body without operation); sneezing did not occur "until nearly five minutes after complete consciousness was restored." Was not this insensibility to be expected under the circumstances?

The third patient died from the effects of retaining a "honey-locust seed" in the larynx. There not having been satisfactory evidence of the presence of a foreign body, no operation was attempted; iodide of potassium, it is said, relieved the embarrassed respiration. As suggestions were made to the family physician, by Dr. M., in the event of threatened suffocation, it is a little remarkable that when "what the doctor called croup in its worst form" set in, no operation should have been attempted. The child, if we understand aright, had been removed from Cincinnati to the country. "The *post-mortem* examination revealed a honey-locust seed, much swollen, in the larynx." As the "croup" was a *foreign body* croup, the practitioner ought to have acted accordingly and to have *sought* aid, if he could not himself render it.

Three Days on the White Mountains; being the Perilous Adventure of Dr. B. L. Ball on Mount Washington, during October 25, 26, and 27, 1855. Written by himself Boston: published by Nathaniel Noyes, 11 Cornhill. 1856. Pp. 72.

The amount of exposure undergone by Dr. Ball during his "perilous adventure," would seem enough to cause the death of the strongest man, and his escape with comparatively so little injury is truly astonishing. Having been a traveller previously, and being accustomed to meet emergencies *coolly*, his resolution enabled him to do much more than most tourists might be capable of under such really appalling circumstances. To remain "without food, shelter or fire, with snow and ice only for drink," during *sixty* hours, and without sleep for *eighty* hours; in the midst of a driving snow-storm and exposed to intense cold, with an umbrella only to protect him when crouching among the rocks at night; and to be sufficiently master of himself to keep awake, and to force himself to make the greatest exertions in walking in search of shelter—while it entitles him to a certificate for very unusual physical force and no small amount of true courage, is also marvellous as an example of what the human frame can endure. His life, under Providence, was doubtless preserved by his unremitting change of position while lying at night as above described, and by his unceasing watch

fulness. His presence of mind was extraordinary. He noticed, during one of his nights out, that his pulse was about 80 in the minute, nearly a third less in force than natural to him, somewhat laboring, and very intermittent. (P. 49.) Twelve weeks of convalescence followed the injuries received during this excursion. Dr. B.'s hands and feet were badly frozen, but he has only lost a single finger-nail. His system was very much prostrated, but he has now almost entirely recovered his health. Let his own words warn too adventurous "ramblers." "I am convinced that the only *safe way* to visit Mount Washington is to take a guide, and the *unsafe way* is to go without one." (P. 71.) The narrative is very readable, and the volume well printed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 5, 1856.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

The late anniversary will long be remembered as one of the most agreeable and successful of our venerable Society. Notwithstanding the unpropitious state of the weather, especially in the early part of the day, we believe that there was a larger attendance than on any previous occasion, no less than 523 members having been present; while the meeting of the Councillors, on the previous day, was also the most numerously attended ever known. These facts are sufficient, we think, to show that however agreeable it may be on some accounts to occasionally hold the annual meeting at some place in the interior of the State, the metropolis is desired by the greatest number. We proceed to give a sketch of the principal transactions.

The Councillors' meeting was held on the evening before the anniversary, at the Society's room, in Temple place. The chief business before the meeting was the election of officers, and the selection of a place for the next annual meeting. The latter subject elicited a good deal of discussion, the opinions of Councillors being divided between Boston, Taunton and New Bedford. The latter city was finally adopted. The following is the list of officers for the ensuing year.

President, Dr. Elisha Huntington, of Lowell; *Vice President*, Dr. James Deane, of Greenfield; *Corresponding Secretary*, Dr. Charles E. Ware, of Boston; *Recording Secretary*, Dr. Benj. E. Cotting, of Roxbury; *Treasurer*, Dr. A. A. Gould, of Boston; *Librarian*, Dr. John B. Alley, of Boston; *Committee on Publications*, Drs. J. B. S. Jackson, Charles Gordon, and C. G. Putnam, of Boston; *Committee on Resignations*, Drs. A. A. Gould, N. B. Shurtleff, and D. H. Storer, of Boston; *Committee on Finance*, Drs. S. D. Townsend of Boston, C. P. Fiske of Fiskeville, and Jacob Hayes of Charlestown; *Orator* for 1857, Dr. Marshall S. Perry, of Boston; *Anniversary Chairman*, Dr. Luther V. Bell; *Committee of Arrangements*, Drs. William A. Gordon of New Bedford, W. J. Dale of Boston, Lyman Bartlett and John H. Mackie of New Bedford.

On motion of Dr. Hayward, of Boston, a committee, consisting of Drs. John Ware, J. C. Dalton of Lowell, and Horatio Adams of Waltham, was appointed to consider the expediency of reducing the number of Censors, and to suggest such means for diminishing the Society's expenses as they may think expedient.

The meeting of the Society was held in the Hall of the Lowell Institute on Wednesday, the 28th ult., at 10 o'clock, A. M., the President in the chair.

The Committee on State Registration reported that on account of some misunderstanding, the Legislature had not, as yet, remedied the defects complained of. The same Committee, consisting of Drs. Bowditch, Jarvis and Metcalf, was continued for another year.

Dr. Metcalf, from the Committee on Scientific Communications, reported that papers had been prepared for this meeting by Drs. Hitchcock of Fitchburg, Durkee of Boston, Haskell of Rockport, and Bowditch of Boston. The same committee (Drs. Bowditch, George Choate, and Metcalf) were re-appointed for the ensuing year.

Dr. Chapin, of Melrose, gave notice that at the next meeting of the Councillors he should move a re-consideration of the vote whereby the Councillors decided to hold the next annual meeting in New Bedford.

Scientific Communications being called for, Dr. Metcalf, by request of the author, read a paper by Dr. Hitchcock on a Case of Ovarian Disease, and a case of Excision of the Elbow-joint.

Dr. Durkee read a paper on Secondary Syphilis, and exhibited subjects suffering under various forms of the disease.

Dr. Haskell read a paper on the True Theory of the Nervous System.

Dr. Bowditch concluded his paper on Phthisis in Massachusetts.

Dr. Townsend, Chairman of the Prize Committee, reported that the Committee had unanimously agreed upon the Dissertation considered worthy of a prize, and handed to the President the envelope bearing the motto of the dissertation. On breaking the seal, the writer was found to be Dr. Geo. H. Lyman, of Boston. Dr. Lyman being called for, gave a short account of the results arrived at in his paper.

The reports of the Treasurer and Auditor, previously made to the Councillors, were read.

At 1 o'clock, Dr. John G. Metcalf, of Mendon, delivered the Annual Address, which was less calculated for a public occasion, than for quiet study and deliberate reading in print. It was an operose, pains-taking paper on the "Statistics of Midwifery," giving an analysis of many hundred cases carefully noted by himself and his friends in their own practice; to which were added, for comparison, tables based on many thousand cases in the practice of the French, the Germans and the English. The tables were preceded by some preliminary remarks on the nature of statistical tables, evincing that he was fully aware of their fallacies unless constructed from well-observed and well-authenticated cases, and such were those reported by himself. The paper must have cost him a great deal of labor.

On motion of Dr. Fiske, of Fiskedale, it was voted that the thanks of the Society be presented to Dr. Metcalf for his elaborate and interesting discourse.

Under the direction of Dr. Ezra Palmer, of Boston, Chief Marshal, the Fellows, numbering 523 (the largest number ever present at any meeting), arranged themselves in procession to proceed to dinner at the Revere House.

The dinner, and all the arrangements pertaining thereto, reflected the highest credit on the Committee of Arrangements. The large number of Fellows completely filled the ample dining-room, the members of the Suffolk District being compelled to occupy the ladies' ordinary. The dinner consisted of all the delicacies of the season, and was served in the elegant style characteristic of the Revere House. Dr. Abraham R. Thompson,

of Charlestown, presided, and when the cloth was removed, pronounced a happy eulogium on Dr. Bell, of Charlestown, who was originally selected as anniversary Chairman, but who was prevented by illness from being present.

Dr. Elisha Huntington, of Lowell, President of the Society, was next called upon, and responded in a few remarks.

Dr. James Jackson, of Boston, in response to a sentiment alluding to him as one of the oldest and most loved members of the Society, was received with tumultuous applause, and in a few interesting remarks, which were listened to with profound attention, traced the origin and progress of the Society, and showed the happy influence which it had exercised, both upon the profession and the community.

The Rev. Rufus Ellis being called up, made a most happy speech, which was received with great applause. He alluded to the importance of high professional qualifications to the success of the physician, and denounced those whose practice was founded upon an exclusive dogma.

Dr. John Homans, of Boston, was called upon by the Chair, in a sentiment referring to him as the model physician, alluding to an address pronounced by Dr. H., at one of the annual meetings of the Society, on the subject of the qualifications of a good physician. While Dr. Homans modestly refused to acknowledge the application of that encomium to himself, he presented, in a very pleasant strain, some of those qualifications which should accompany the good physician. He offered the following sentiment: —"The *professional sympathy* which cheers and lightens the burden of professional duty, and stimulates to professional fidelity."

Dr. S. Durkee, of Boston, made some interesting remarks, full of good feeling and humor, at the close of which, he gave as a sentiment, "The *bone of contention;* if there be such a bone, whenever, and wherever found, let it be cut out by the deepest surgery, and like the bones of Moses, let it be buried where no man can find it, and let its place be filled with the warm and vital current of brotherly love."

Dr. Oliver Wendell Holmes, being called up by a sentiment of the Chair, representing him as an embodiment at once of the scholar, the poet and the physician, replied in a speech of brilliancy and eloquence such as few other men are capable of. He denied the assertion that the physician is losing his hold on the public mind. He maintained that notwithstanding the apparent success of empirical practitioners, of every description, there never was a time when the medical profession stood in higher estimation with the community, than the present. "We need not go beyond our own limits, Mr. President," said he, "to find ample reason for proclaiming boldly that the medical profession was never more truly honored or more liberally rewarded than at this very time and in this very place. There never lived in this community a practitioner held in more love and veneration by all his professional brethren and by the multitude which have profited by his kind and wise counsel, than he who, having soothed the last hours of his long cherished friend and associate, still walks among us, bearing his burden of years so lightly that he hardly leans upon the staff he holds; himself a staff upon which so many have leaned through fifty faithful years of patient service. Talk about the success of the unworthy pretender as compared with that of the true physician—why, what man could ever have built up such a fame among us, if he had not laid as its corner stone, Truth, Fidelity, Honor, Humanity—all cemented with the courtesy that binds these virtues together in one life-long and inseparable union."

The recent melancholy and disgraceful event at Washington, which has

called forth the indignation of the country, furnished the speaker with the occasion of alluding to the responsibility of the healing art. "One little error, and the *ignis sacer*, the fiery plague of the wounded, spreads its angry blush over the surface, and fever and delirium are but the preludes of deadlier symptoms." In conclusion, Dr. Holmes offered the following sentiment: "*The Surgeons of the City of Washington.*—God grant them wisdom, for they are dressing the wounds of a mighty empire, and of uncounted generations." Dr. Holmes's sentiment was received by a general rising of the members, who responded with three hearty and enthusiastic cheers.

Eloquent speeches were also made by Dr. John G. Metcalf, the orator of the day, Dr. Henry W. Williams of Boston, Dr. Nathan L. Babbitt of South Adams, and others, which our limits will not allow us to report.

Perfect order and harmony prevailed; all present were amply provided for, and at 5 o'clock the Fellows separated, after one of the most delightful festive re-unions which the Society has ever known.

Adjourned Meeting.—The adjourned meeting of the Society was held at the Society's rooms in Perkins Building, on Thursday, May 29th, at 12, M. The President and Vice President being both absent, Dr. Ephraim Buck, of Boston, was chosen Chairman *pro tempore*.

The alterations in the By-Laws recommended by the Councillors, Feb. 6th, 1856, were unanimously adopted by the Society.

On motion of Dr. Hayward, of Boston, it was

Voted, That when the Society adjourn. it be to meet in this place on the Wednesday following the stated meeting of the Councillors, in October.

On motion of Dr. J. B. S. Jackson, of Boston, it was

Voted, That the thanks of the Society be tendered to the Chairman of the Committee of Arrangements, and to the Chief Marshal, for the courteous, dignified and effective manner in which they performed their onerous and substantial services at the late anniversary.

On motion of Dr. Gould, of Boston, it was

Voted, That the Dissertation to which the prize was yesterday awarded, be referred to the Committee on Publications.

The Society adjourned at 1 o'clock.

CONGENITAL ABSENCE OF THE NOSE.—NEW RHINOPLASTIC OPERATION.

M. Maisonneuve, of Paris, has lately operated upon a child which presented a singular deformity of the face at birth, viz., complete absence of the nasal prominence. This skilful surgeon devised and carried into successful execution, a new rhinoplastic operation, the ingenuity and simplicity of which are worthy the attention of surgeons.

Eugenie Marotte, seven months old, was born strong and well-formed, with the exception that she had no nasal prominence. In the place of this there was a plane surface, pierced by two small, round apertures, less than a line in diameter, and a little over an inch apart. This deformity not only rendered the child's face exceedingly grotesque, but also seriously embarrassed the respiration, and, by consequence, the act of sucking.

It being very desirable to remedy these two difficulties, the parents brought the child to Paris with that intention.

There being no case on record, identical with this, the usual rhinoplastic procedures were unavailing. M. Maisonneuve planned the following ingenious operation.

On the 18th of May, 1855, the child being previously placed under the influence of chloroform, the surgeon made a transverse incision, a centime-

tre in length, from each nasal aperture, from without, inwards. Two other vertical incisions, starting from the internal extremity of each of the former, were carried towards the free border of the lower lip, near which they approached each other and united into the form of a V. A narrow flap was thus formed by the latter incisions, and which included the entire thickness of the lip. This flap was dissected up and raised horizontally, so as to form the lower portion of the septum (*sous-cloison*) of the artificial nose.

There then remained a factitious hare-lip; and its freshly divided edges were united by means of the twisted suture. In order, however, to obtain union, it became necessary that the space comprised between the nasal apertures should be lessened by the whole breadth of the detached flap above mentioned—and that, consequently, a projecting fold should be formed, at the expense of the intervening integument—and which, supported by the artificial septum above mentioned, might thus form, naturally, a perfectly regular nasal prominence. In order fully to understand the ingenious and simple mechanism of this operation, it will suffice to try it upon a piece of paper; it will at once be evident that the desired result may be obtained.

Complete cure was not obtained without some slight accidents. The child, irritated by pain, cried almost constantly, and kept in nearly continual motion for twenty-four hours. In consequence of this, the uppermost points of suture became partially detached; this, however, gave the operator an opportunity to perfect the union of the artificial hare-lip. His method of doing this was by dividing the *orbicularis oris* muscle on each side of the wound by subcutaneous incision; and thus laceration of the adhering edges, by the contraction of the muscular fibres, was prevented.

In this way, union went on uninterruptedly, notwithstanding the constant movements of the little patient; and when she was removed from Paris, the cure was complete. The nose was very regularly formed, and the nostrils, being largely open, allowed free respiration.—*Gazette des Hopitaux, December*, 1855.

Appointment to the Mass. Gen. Hospital.—We are gratified to learn that Dr. Charles E. Ware has been appointed, by the trustees of the Massachusetts General Hospital, to fill the vacancy in the board of physicians occasioned by the resignation of Dr. M. S. Perry.

MARRIED,—At King's Chapel, Tuesday, 27th ult., by Rev. Dr. Gannett, Dr. Daniel Dennison Slade to Miss Minna Louise Hensler, both of Boston.—In Machias, Me., 21st ult., Dr. Augustus G. Peabody to Elizabeth, daughter of John Holway, Esq.—In West Springfield, 28th ult., Dr. M. Loomis, of Cambridge, to Miss Achsie Ashley, of W. S.—In West Randolph, Vt, Dr. T. U. Flanner, of the Minnesota Mine, Lake Superior, to Miss Augusta S., youngest daughter of Hon. John Waite.—In Walpole, N. H, 28th ult., George A. Blake, M.D., of Salmon Falls, to Miss Margarette Harrington, of W.—In San Francisco, April 30th, Dr. John J. Cushing, of San Francisco, to Miss Harriet R. Barlow, formerly of Burlington, Vt.

Communications Received.—Remarkable Case of Recovery from Poison by seeds of the Datura Stramonium.—On Compulsory Vaccination.—On Gelsemin.—Two Cases of Hydrophobia.

Deaths in Boston for the week ending Saturday noon, May 31st, 71. Males, 37—females, 34. Accident, 4—apoplexy, 2—inflammation of the bowels, 1—disease of the brain, 1—consumption, 16—convulsions, 2—croup, 4—dysentery, 1—dropsy, 3—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 2—puerperal, 2—scarlet fever, 4—disease of the hip, 1—disease of the heart, 1—inflammation of the lungs, 5—marasmus, 1—measles, 3—old age, 1—pleurisy, 1—disease of the spine, 1—scrofula, 2—smallpox, 4—scalds, 1—teething, 1—thrush, 1—unknown, 1—whooping cough, 1.

Under 5 years, 28—between 5 and 20 years, 11—between 20 and 40 years, 14—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 52—Ireland, 17—British Provinces, 2.

Perkins Institution for the Blind.—The annual report of the Trustees of the Perkins Institution and Massachusetts Asylum for the Blind has been transmitted to the Legislature. The cost for carrying on the establishment has greatly increased of late years, owing to an extension of its sphere of usefulness, and to the great increase in all expenses of living. The Legislature, however, at its session in 1855, increased the annual grant of the State from nine to twelve thousand dollars, and friends have added to the resources of the Institution. The executors of the will of Mr. Robert G. Shaw, Jr., made an appropriation from his estate of $4,000, which has been applied mainly to the support of the department for furnishing employment to blind persons. Miss Mary Lamb left a legacy of $1,000, and another lady a sum of $5,000, for the benefit of the Institution, and these sums have enabled the Trustees to purchase land for a much-needed enlargement of the play-grounds. During the year, the capital stock of the work department for the adult blind, has been increased $2,500. The expenditures for the year 1855, amounted to $29,845. The amount of wages paid to blind persons in 1855, was $3,317 81; the total of sales was $19,958 60. The property of the Institution, consisting of stocks and real estate, is valued at $63,137 43. The Report of the Director, Dr. S. G. Howe, is an interesting paper. The number of pupils he reports to be 114. The general health of the pupils has been good.

Presentation of Medals to the Medical Heroes of Norfolk.—The Howard Association has presented each of the thirty survivors, out of the eighty physicians who volunteered their services from various parts of the country, to save the lives of their fellow men in the doomed city of Norfolk, with a gold medal, of a beautiful design, bearing on one side the figure of the Good Samaritan, with the inscription, "I was sick and ye visited me," and on the other the names of the presenters, and the services in memory of which it was bestowed.

The physicians of Allegany, Michigan, have adopted a set of rules, one of which, we would like to see tried on. They mutually pledge themselves not to attend a patient unless the physician previously in attendance shall have been "regularly discharged, and satisfactorily compensated for his attendance." And in case the patient refuses to settle his back scores, they decline to attend him altogether. Being sick is a luxury. If some folks had to pay for it punctually, they would indulge in it less frequently.

New Use of Gutta-percha.—M. Manoury, of Chartres, has announced some new preparations of gutta-percha, which promise valuable practical results, consisting of the intimate mixture of different forms of caustic with that article, such as chloride of zinc, potassa, arsenic, &c., of which there are three kinds:—1. Firm caustic plates, which are tenacious, and unchanged by the tissues, and which can be cut into any shape that may be desired. 2. Cylinders, which can be carried in a port-caustique, and which can take the place of sticks of nitrate of silver. 3. Threads, for the purpose of removing certain tumors, by strangulation and cauterization at the same time. He also combines gutta-percha with metallic powders, such as those of iron, copper, red sulphuret of mercury, iodide of lead, &c. Thin plates of this preparation are softened by boiling water, or by gentle heat, and applied upon ulcerated surfaces, hospital gangrene, &c. Cancerous tumors have been successfully removed by the threads of gutta-percha and chloride of zinc.—*Philad. Med. and Surg. Journal.*

Ice to the Eye.—M. Magne relates his experience in the application of ice to the eye after the operation for cataract by *abaissement*. It invariably prevents subsequent inflammation. His experience is corroborated by Guersent.

Compulsory Vaccination.—We hope the medical men to be appointed under the "Compulsory Vaccination Act," will call at convenient hours; for it would be extremely unpleasant, just as one has sat down to dinner, for the servant to come in and say, "If you please, sir, the doctor has called, and he hopes you will come and be vaccinated immediately, for he hain't a minute to spare, and can't wait." —*Punch.*

New York Hospital.—Dr. J. C. Cheesman has resigned his situation as surgeon of this Institution, having served it faithfully for the period of thirty-six years.